SAVVY Capital Management, LLC.

# WORKING CAPITAL PRE-QUALIFICATION FORM

Estimated Credit Score:

## CONTACT INFORMATION

| | | | |
|---|---|---|---|
| Business Legal Name: | Business DBA (if applicable): | | |
| Business Phone: | Mobile Phone: | | |
| Business Fax: | Other Phone: | | |
| Website: | Email: | | |
| Physical Address: | City: | State: | Zip: |
| Mailing Address: | City: | State: | Zip: |

## BUSINESS INFORMATION

Legal Entity (select one): o Corporation o LLC o Partnership o LP o LLP o Sole Proprietorship

| | | | | | |
|---|---|---|---|---|---|
| Business Start Date: | Federal Tax ID: | Home Based Business? o YES o NO | Open Judgements/Liens? o YES o NO | Open Bankruptcies? o YES o NO | State of Inc/LLC: |
| Business Description: | | | Industry Type (SIC Code): | | |
| Business Rent/Mortgage Information: o Rented/Leased o Mortgaged | | Mthly Rent/Lease/Mtg Payment: | Remaining Term for Rent/Lease: | | Payment Current? o YES o NO |
| Landlord/Mortgage Company Contact: | | | Phone Number: | | |

## FUNDING INFORMATION

| | | | | |
|---|---|---|---|---|
| Amount Requested: | When Are Funds Needed: o ASAP o 30 Days o 60+ Days | Desired Use of Funding Proceeds: | | |
| Gross Annual Sales: | Gross Monthly Sales: | Monthly Credit Card Volume: | Current Cash Advance? o YES o NO | Cash Advance/Loan Balance: |
| Current Credit Card Processing Company: | | Account Number: | | |

## OWNER/PRINCIPAL INFORMATION

| | | | | |
|---|---|---|---|---|
| First Name: | MI: | Last Name: | Title: | % Ownership: |
| Home Address: | | City: | State: | Zip: |
| Home Phone: | Mobile Phone: | Date of Birth: | SS#: | |

## CO-OWNER/PRINCIPAL INFORMATION

| | | | | |
|---|---|---|---|---|
| First Name: | MI: | Last Name: | Title: | % Ownership: |
| Home Address: | | City: | State: | Zip: |
| Home Phone: | Mobile Phone: | Date of Birth: | SS#: | |

## AUTHORIZATION

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize SAVVY CAPITAL MANAGEMENT LLC and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily/weekly repayment features or purchases of future receivables, including Revenue-based Financing transactions including without limitation the application therefore (collectively, "Transactions") to obtain consumer and/or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as Trans Union, Experian, and Equifax, and from other credit bureaus, banks, creditors and other third parties.

You also authorize (SAVVY CAPITAL MANAGEMENT, LLC) to transmit this application form, along with any of the foregoing information submitted/obtained in connection with this application, to any or all the Recipients for the foregoing purposes. You also consent to the release, by any transacting business with (SAVVY CAPITAL MANAGEMENT, LLC) and its affiliates electronically. You are providing your business cell phone and e-mail address and hereby consent to the receipt of correspondence/messages regarding transactions with (SAVVY CAPITAL MANAGEMENT, LLC) and its affiliates on either medium. You also hereby consent to the receipt of text messages knowing that msg and data rates may apply (approximately 10msgs/month). You understand that consent to conduct business via electronic signatures and to receive text messages are not a condition of approval and you may opt-out of either/both by contacting (SAVVY CAPITAL MANAGEMENT, LLC) at info@savvycapitalmgmt.com. Your signature below certifies that you are authorized to sign this application on behalf of the Business and all the information contained herein is complete, true, and accurate.

Owner Signature: _____ Co-Owner Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____